CONTINUED GROUP INSURANCE SYSTEM (CGIS) PREMIUM RATES FOR EMPLOYEE GROUPS – EFFECTIVE OCTOBER 1, 2007

				MONTHLY PREMIUM		
			Leave/Layoff	COBRA		
			(100%)	(102%)		
HAEX	State Health Plan PPO					
	Applicant Only		\$515.87	\$526.19		
	Applicant & Spouse		\$1,031.74	\$1,052.37		
	Applicant & Children		\$907.93	\$926.09		
	Full Family		\$1,423.80	\$1,452.28		
	Applicant Only w/Medicare		\$490.08	\$499.88		
	Applicant & Spouse w/Medicare		\$980.15	\$999.75		
	Applicant w/Medicare & Children		\$862.53	\$879.78		
	Full Family w/Medicare		\$1,352.61	\$1,379.66		
H2F0	Catastrophic Health					
	Applicant Only		\$34.26	\$34.94		
	Applicant & Spouse		\$68.51	\$69.88		
	Applicant & Children		\$68.51	\$69.88		
	Full Family		\$68.51	\$69.88		
VBWO	/BWO State Vision Plan					
	Applicant Only		\$6.08	\$6.20		
	Applicant & Spouse		\$10.67	\$10.89		
	Applicant & Children		\$13.04	\$13.30		
	Full Family		\$17.67	\$18.02		
DBEX	State Dental Plan					
	Applicant Only		\$46.71	\$47.65		
	Applicant & Spouse		\$85.25	\$86.96		
	Applicant & Children		\$103.83	\$105.90		
	Full Family		\$142.22	\$145.06		
DP00						
	Applicant Only		\$6.48	\$6.61		
	Applicant & Spouse		\$11.29	\$11.51		
	Applicant & Children		\$11.29	\$11.51		
	Full Family		\$16.08	\$16.40		
DMEX	Midwest Dental (DMO)					
	Applicant Only		\$34.65	\$35.34		
	Applicant & Spouse		\$34.65	\$35.34		
	Applicant & Children		\$34.65	\$35.34		
	Full Family		\$34.65	\$35.34		
LUK/LRK Emp. Life Only (Fire & Rescue Employe			56¢/\$1,000	(n/a)		
LUS/LUT/LRS Employee Life (Only)		Plan E	46¢/\$1,000	(n/a)		
	dent Life Options					
	500 &/or Ch \$ 1,000	Plan F	\$0.43	(n/a)		
Sp \$ 5,000 &/or Ch \$ 2,500		Plan G	\$1.30	(n/a)		
Sp \$10,000 &/or Ch \$ 5,000		Plan H	\$2.60	(n/a)		
Sp \$25,000 &/or Ch \$10,000		Plan K	\$8.67	(n/a)		
Child(re	en) Only \$10,000	Plan L	\$1.63	(n/a)		

		MONTHLY P	MONTHLY PREMIUM		
		Leave/Layoff	COBRA		
		(100%)	(102%)		
HCEX	BCN Mid Michigan				
	Applicant Only	\$472.97	\$482.43		
	Applicant & Spouse	\$945.93	\$964.85		
	Applicant & Children	\$832.42	\$849.07		
	Full Family	\$1,305.38	\$1,331.49		
HD00	BCN of East Michigan				
	Applicant Only	\$445.04	\$453.94		
	Applicant & Spouse	\$890.08	\$907.88		
	Applicant & Children	\$783.27	\$798.94		
	Full Family	\$1,228.31	\$1,252.88		
HP00	BCN Great Lakes West				
	Applicant Only	\$450.17	\$459.17		
	Applicant & Spouse	\$900.34	\$918.35		
	Applicant & Children	\$792.30	\$808.15		
	Full Family	\$1,242.48	\$1,267.33		
HX00	BCN of SE Michigan				
	Applicant Only	\$440.65	\$449.46		
	Applicant & Spouse	\$881.30	\$898.93		
	Applicant & Children	\$775.54	\$791.05		
	Full Family	\$1,216.19	\$1,240.51		
HN00	Grand Valley Health Plan				
	Applicant Only	\$443.68	\$452.55		
	Applicant & Spouse	\$887.36	\$905.11		
	Applicant & Children	\$780.88	\$796.50		
	Full Family	\$1,224.56	\$1,249.05		
HI00	Health Alliance Plan				
	Applicant Only	\$427.99	\$436.55		
	Applicant & Spouse	\$859.67	\$876.86		
	Applicant & Children	\$756.07	\$771.19		
	Full Family	\$1,187.75	\$1,211.51		
HJ00	Health Plus of Michigan				
	Applicant Only	\$454.00	\$463.08		
	Applicant & Spouse	\$908.00	\$926.16		
	Applicant & Children	\$799.04	\$815.02		
	Full Family	\$1,253.04	\$1,278.10		
HMCL	McLaren Health Plan				
	Applicant Only	\$409.27	\$417.46		
	Applicant & Spouse	\$818.54	\$834.9		
	Applicant & Children	\$720.32	\$734.73		
	Full Family	\$1,129.59	\$1,152.18		

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		MONTHLY	MONTHLY PREMIUM	
		Leave/Layoff	COBRA	
		(100%)	(102%)	
HMEX	Physicians Health Plan - Lansing			
	Applicant Only	\$488.26	\$498.03	
	Applicant & Spouse	\$972.67	\$992.12	
	Applicant & Children	\$855.10	\$872.20	
	Full Family	\$1,341.60	\$1,368.43	
HF00	Priority Health Plan - West			
	Applicant Only	\$450.77	\$459.79	
	Applicant & Spouse	\$901.56	\$919.59	
	Applicant & Children	\$793.34	\$809.21	
	Full Family	\$1,244.19	\$1,269.07	
HF01	Priority Health Plan - East			
	Applicant Only	\$489.65	\$499.44	
	Applicant & Spouse	\$979.30	\$998.89	
	Applicant & Children	\$861.78	\$879.02	
	Full Family	\$1,351.43	\$1,378.46	
HF02	Priority Health Plan - South			
	Applicant Only	\$489.65	\$499.44	
	Applicant & Spouse	\$979.30	\$998.89	
	Applicant & Children	\$861.78	\$879.02	
	Full Family	\$1,351.43	\$1,378.46	
HL00	Total Health Care			
	Applicant Only	\$300.22	\$306.22	
	Applicant & Spouse	\$690.51	\$704.32	
	Applicant & Children	\$570.42	\$581.83	
	Full Family	\$810.60	\$826.81	